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Topeka
Kansas

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PERSONALITY FACTORS IN OSTEOARTHRITIS*

By HENRY LIHN, M.D.,† KARL MENNINGER, M.D.,† and MARTIN MAYMAN, M.A.‡

Relatively little study has been made of the psychological factors in arthritic illness, the cause of more chronic disability than any other one condition. What we offer here is a fragmentary contribution to this problem, the preliminary findings in an investigation now under way on the Medical Service of Winter VA Hospital and in the Menninger Clinic.

A few internists and a few psychiatrists—mostly contemporaries—have suggested the great importance of emotional factors in joint disease, and some of them, Halliday, Irvine, Dunbar, Johnson-Shapiro-Alexander, and others, have contributed careful studies. There has not always been careful adherence to the distinction made by competent rheumatologists between conditions to be grouped under the general term of osteoarthritis and conditions to be grouped under the general term of rheumatoid arthritis.

Rheumatoid arthritis, also known as the atrophic, proliferative or chronic, infectious form, is an affliction generally of younger persons, more frequently females, usually affecting the small joints of the extremities. On the other hand, hypertrophic, or degenerative or osteoarthritis—and menopausal, it has all these names—occurs more frequently in older males and affects chiefly the spine and other weight-bearing joints, and the distal joints of the fingers (Heberden's Nodes§).

There are a priori reasons to believe that all persons with joint disease may have some characteristic personality factors and premorbid adjust-

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§ More common in women after age of 70 (Comroe).

ment patterns which distinguish them from persons who tend to develop other types of acute or chronic illness. But there are also a priori reasons for suspecting that these two recognized types of arthritis would also be distinguishable on such a basis.

Thus far we have analyzed the data on twenty cases of the older, or supposedly more chronic type, the osteoarthritics. We have considered carefully many items in the physical and laboratory examinational data, all of which will be omitted here on the assumption that they are well established. We have more carefully considered and compared the psychological data on these same patients—obtained from psychiatric interviews, the observation of reactions to ward and other situations, and the analysis of needs and modes of defense expressed in psychological tests. The detailed analyses of these data will be published as soon as we have a sufficient number of cases to validate scientifically our analyses. Meantime, we offer some composite impressionistic results of the preliminary sample.

In the infancy and childhood histories, we were struck with the fact that there are few exceptions to the rule that the chronic osteoarthritic patient was early faced with much greater than average difficulties in living. He was, characteristically, born into a large family of relatively low cultural and economic level, often poverty stricken. All of our patients were in varying degrees ignored, neglected or rejected by their over-burdened or inconsiderate parents, and often early the victim of desertion or orphanage.

The characteristic consequences of such cold, trouble-ridden and loveless childhoods appear in the history of nearly all of these patients. Of our twenty patients, eighteen exhibited childhood symptomatology in such forms as temper tantrums, prolonged enuresis, thumbsucking, phobias, nightmares, nailbiting, overt aggressiveness and various forms of overt delinquency. In the histories of the rheumatoid arthritics, so far as we have gone, we do not find with the same regularity such severe early deprivation or obvious childhood psychopathology.

In adolescence and early maturity, these patients—who are some day to develop chronic osteoarthritis—have developed rather typical pictures of what might be called semi-maladjustment, which again sets them apart from the potential rheumatoid arthritics. The aggressiveness which was so sharply aroused in childhood is frequently represented now by competitive athleticism. But they are not good "sports"; unlike the successfully integrated athlete, they are notably subject to quick-temperedness, rage reactions, personal combativeness, impulsive outbursts and erupting hostilities. They break the rules.

This inability to control excessive aggressiveness, even with the aid of athletics and other socially permitted outlets, makes necessary frequent

emergency measures such as the excessive use of alcohol, barbiturates, benzedrine, or other drugs (fifty per cent of our patients).

Attachments to people are superficial, opportunistic, cold, and unstable. This seems to be true whether the friend is an employer, a companion, or a spouse. The sexual life follows the same pattern; there is a casual, fluctuating, inconsiderate interest in women, generally seeking out for a wife a woman upon whom a considerable degree of passive dependence can be directed. Economic dependence upon an employed wife is common. Then, despite much friction and often much dramatic conflict, there is a returning to and clinging to this wife and oscillation between aggressive and often sadistic outbursts on the one hand and self-abasing, self-humiliating subservience on the other. Along with all this, there is frequently callous infidelity.

The same thin, superficial, ambivalent emotional linkage exists with the children. Usually such patients display little interest in their children and often look to them for material support. The number of children in the families of osteoarthritics is statistically much smaller than in the average family; one-fourth of our patients had no children at all.

Onset of the specific somatic affliction—the involvement of the joint in pain and restricted movement—is very apt to occur subsequent to an event in the adult life which puts an additional quantum of stress upon the already precarious unstable adjustment of these obviously handicapped individuals. The most common stress (in thirteen of the twenty cases) was the threat of desertion or the actual desertion by the wife, but often a series of minor crises occur—illness of the wife, financial reverses, unwanted responsibilities—which produce a cumulative effect.

The sequence of events is typically something like this: The wife, who has been the focus of the patient's aggressions and also the pillar of his dependency, has had about all she can stand from the patient and she makes a threat of leaving him. The patient becomes depressed or morbidly suspicious or fearful. The rage is usually (not always) repressed or suppressed. In the midst of all this, the pain in the back appears and becomes increasingly conspicuous, gradually overshadowing all other difficulties. The well justified anger of the wife is deflected by protestations of pain, and the patient escapes from the interpersonal conflict and the likelihood of desertion by the wife into the hospital. It is important to point out that in doing so, he also escapes from his own murderous rage which is really what disturbs him most.

Characteristically, in talking with his physicians, the patient prefers to concentrate on his somatic pain. If pressed, however, he will admit that his life has been a tragic one since childhood. He describes himself as the

victim of other people's rage and neglect. Said one, "My wife had me so beaten down that I couldn't fight back." It is only by inference and further exploration that one uncovers the fact that the patient himself has been a consistent aggressor. It is astonishing with what naivete a patient will begin to state, without realizing that it is a confession, that he himself provokes much of those things from which he suffers, while on he other hand he has nourished fantasies of murder which were often barely controlled. Cruel beating of the wife or mother-in-law, physical combativeness with drinking companions, and encounters with the police are commonly reported episodes, but these episodes are succeeded by meekness. This intense unstably repressed aggressiveness is often vividly revealed inadvertently by the patient in his Rorschach responses where fantasies are expressed in such unusual responses as: "an explosion!"; "something busted and scattered all over"; "an animal cut open and ripped apart."

The personality disorder giving rise to the osteoarthritic attack might more technically be described as impaired ego function—an ego chronically threatened with the emergence of aggression, and limited in its capacity to manage these aggressive impulses so that adequate, satisfying interpersonal relationships have not been developed. Judging from our few cases and from the available literature, this is a different picture from that of the person with rheumatoid arthritis who is often a self-sacrificing, competent individual with strong social conscience and much drive toward independence and achievement.

We submit the hypothesis that affections of the joints, as the nodal points in human motility, develop in individuals whose motility is strongly motivated in dangerous directions and inadequately or incompletely controlled by other methods. The freezing of a joint, through degeneration of articular cartilage and bone, is one method of limiting movement and therefore of externally directed aggression. But since the control of aggression is a problem for every individual, the specific problem in arthritis is to discover what particular type of ego inadequacy or what particular type of childhood experience producing such inadequacies results in the selection of this particular self-destructive method and what factors determine which type of arthritis develops.

In those we have discussed herein, (the osteoarthritics) there is a striking degree of case-to-case correspondence in personality structure—a cold, miserable, emotionally-starved childhood followed by an overtly aggressive and assertive adolescence, and thence to imperfectly integrated interpersonal relationships in adult life. A precarious balance of aggression and dependency is established, and when this balance is upset, the joints assume the burden by compromise. An over-charge of aggression is controlled by an inadequate ego through self-destructive allocation to the mobile struc-

tures of the soma. Relative superego placation is achieved through the feeling of painful attrition and through the feeling of controlled physical outbreaks; the pathologically strong passive erotic needs of the individua are gratified through the attentions of doctors, nurses, and masseurs . . . a chronic physical affliction has replaced a chronic psycho-social maladjustment. Homeostasis has been re-established, at the price of physical crippling.

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AN INDUCTIVE METHOD OF ANALYZING DEFENSE OF SELF-ESTEEM*

By ROBERT R. HOLT, Ph.D.†

Dynamic psychology today concerns itself to a large extent with the defensive functions of the ego: the organism's conscious and unconscious efforts to ward off and nullify threats to all aspects of its psychological integrity, which are analogous to physiological mechanisms of defense against threats to numerous vital biochemical equilibria. Psychoanalysts were the first to describe psychological defense mechanisms from their intensive clinical observations. More slowly, psychologists who are in a better position to use experimental techniques have followed in their wake, seeking objective empirical proof of such mechanisms as repression and projection, and (what is more important) studying their concrete manifestations in a variety of situations.

There is a level of defensive functioning about which psychiatrists and psychologists are beginning to think and write, but it is still relatively unexplored. Most of the classic psychoanalytic defense mechanisms have been conceived of as directed against anxiety, which in turn stems from fears of bodily mutilation, loss of love, or impotence in a catastrophic situation. Psychoanalysts, psychologists and social workers have lately been paying attention to another important threat to human happiness: the loss of self-esteem (or self-respect). The role played by this factor in mental illness is a vexing problem in psychiatry, but the more seriously ego-psychology is considered, the larger self-esteem bulks, for it refers to the person's basic feeling of being able to live in peace with himself.

Because of methodological difficulties, problems of this sort have long been eschewed by psychologists who strive after scientific rigor. Reports of observations made incidentally to therapeutic contact with patients are unexcelled as stimulating leads but leave something to be desired as scientific data. The method of the case study has been suggested as ideal for work on problems of personal structure and dynamics, and indeed, it is irreplaceable in the present state of psychological progress. It needs to be refined and sharpened considerably, however, if it is to be an advance

* Presented at the 1947 meeting of the Kansas Academy of Science.

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over relatively uncontrolled observation. The work reported here is an effort toward the development of an inductive, at least theoretically repeatable method for the preparation of a topical case history of an aspect of psychodynamics. The aspect chosen here is the defense of self-esteem.

The writer of a case study usually faces impalement on one or the other horns of a critical dilemma: either he will be called down for having presented mere facts without conceptualization, or if he fits facts into a preconceived theoretical framework, he will suffer the critical wrath of those who espouse other general theories and say he has chosen facts to fit preexisting ideas of his own. I hoped to by-pass this dilemma by developing a set of concepts and a way of ordering the data unique to the case, so that the facts might be arrayed and given implications of wider usefulness by generalization, and still without recourse to concepts taken over ready-made from pre-existing systems. An inductive method was needed, and the fact that the focus of interest was a relatively novel one called all the more for a fresh start without preconceptions.

The method is such a simple one that although I have not been able to find a published description of it, it probably is not novel. Taking all of materials available pertaining to one person, I read them through carefully looking for every situation, real or fancied, in which there was a threat of unpleasant consequences from the subject's point of view. All reactions to such situations were tentatively considered to have some degree of defensive significance, and each description of a defensive reaction was copied on a separate slip of paper. Such a broad definition obviously brought in more than reactions defensive of self-esteem, but it seemed better to do the cutting down and eliminating after this first gross selection.

At the time this study was done, I was one of more than a score of collaborating psychologists, psychiatrists and social scientists intensively studying a small group of college students at the Harvard Psychological Clinic under the direction of Henry A. Murray. Each worker brought to bear on the subject an interviewing technique, psychological test, or experimental method that was his own specialty. Reports of each procedure and in most cases the protocols were available; these, the test data, and the subject's autobiography were the materials from which I gathered all indications of the subject's defensive behavior.

As a result of the first step, then, 281 instances of one college student's defensive behavior were collected. Already in the process of selection, it became apparent that there were definite groups into which the behaviors naturally fell, and a first hit-or-miss classification had been arrived at by the time the 281 slips had been gathered together. The first rough categories, which numbered about 100, were then considered with as few preconceptions as possible and with an effort to let the congruences in the

data themselves determine what should be classified with what. The resulting combinations reduced the number of rubrics to 45. Elimination of those that were now clearly not relevant to defense of self-esteem cut the number to 38.

You may ask if these 38 individual traits are supposed to be the "real" structure of the subject's esteem-defenses. Indeed, what is the proper level of generalization at which to stop? There are overlaps and similarities among the 38; they fall naturally into five main groups, which may be designated as more generalized defensive traits. Is this, then, the appropriate degree of abstraction to make of the original data? It is possible to go even further, and find a single cardinal trait or mode of defense, implicit in each of the five generalized mechanisms. The answer, of course, is that each of the levels of abstraction arrived at may have its own validity or usefulness for certain purposes, and that since all are conceptual, no level has any greater degree of reality than any other. At any level the validity of the concepts cannot be considered as established without cross-validational studies of the same or other persons.

When the groupings of defensive behaviors are examined, it may appear that the effort to do away with preconceptions was no more successful than might have been expected. No one, not the most antitheoretical of fact-grubbers, can avoid some structuring of data in accordance with whatever principles of mental organization he already knows. Thus, it might be argued that the claim of inductive method is no more than pretense; that at best, I have succeeded only in imposing unconscious preconceptions on the data instead of conscious ones; that another worker, trained in very different ideas of psychodynamics, would come up with very different categories, using the same method. A good deal of this criticism I accept; yet I feel that there is so much force of meaningful cohesion in the materials themselves that anyone who honestly tried to feel these coherences would come out with substantially similar categories, though he might give them quite different names.

The empirical focus of the study is a young man given the pseudonym of Grove. He is a personable, highly intelligent, listless fellow, who succeeded in graduating from Harvard *cum laude* with the aid of steady prodding by advisors. He was the older and weaker of two sons of an abusive, hated father and a weak, neurotic and adored mother. His father openly preferred the more active younger brother, with whom Grove quarrelled from the beginning. He was a shy, dreamy boy who withdrew from the others when they called him sissy; yet in adolescence he managed to develop reasonably good social relations. His high school work was outstanding, he was something of a leader in dramatics and writing, and he made a moderately good heterosexual adjustment. Coming to Harvard on a scholar-

ship, he was lost in a huge impersonal world in which no one sought him out, and he gradually retired behind a shell of cool aloofness which hid his hurt. He went through college without any positive goals, living in the dread of being drafted into the war which appeared more and more imminent. The night of Pearl Harbor he had an anxiety attack, with the feeling that the earth was giving way beneath him; this and similar attacks brought him to the Clinic where he was studied intensively and received some therapeutic aid, which enabled him to enter the Navy on graduation.

In skeleton outline, here is the structure of his defenses of self-esteem at the time of the study. An example or so is supplied for each, which will illustrate the nature of the case materials used.

A. Passivity and Abasement

1. *Planlessness.*

> . . .he has never been certain of what he expected to gain from college or what he wanted to prepare for. . . . At the present moment he is very confused as to his plans for the future, the value of his education, and his social relationships." (Autobiography)

2. *Procrastination.*

> "I put off until the last two days; up all night before an exam. Papers are a terrific strain; I put them off and worry about it." (Interview)

3. *Immobilization.*

> During Session I., Grove showed a greater than average amount of blocks, inhibitions, and general erratic behavior. (Emotional Conditioning Experiment[2])
>
> "Often I dream I can't talk, in a frightening situation. A little while ago, dreamed of a girl in my room—can't talk, wake up shouting."(Interview)

4. *Stereotyped conformity.*

> "He is a broken man. . . .He tries to find research in a pulp mill but by now he has become an automaton. He has no initiative and no spark, and his mind is warped." (TAT*)

5. *Disillusioned resignation.*

> "She is completely disillusioned with what she thought there was in life other than what she had so she comes home and marries. . . and settles into a life exactly like that her mother had. . . she resigns herself to it." (TAT)

6. *Compliant giving in.*

> (In his stories) *n* Rejection is high for the submissive character but he usually gives in at the end. . .he is the only subject whose characters acknowledge agreement. (Interpretation of Arguments Completion Test†)

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* Quotations marked (TAT) are from stories in the Thematic Apperception Test.

† This passage is taken from an interpretation written by Christiana D. Morgan, who devised the test. It is described on pp. 61–62 of A Clinical Study of Sentiments,[4]

7. *Lowering of the ego ideal.*

"This fellow has been working in the lab trying to find a new form of gasoline that will revolutionize the market. (After 165 trials he finds it; an oil company buys it, but) the new gas is shelved, and the man realizes. . . that he will have to start all over again. He is disillusioned with science which has no more to offer him. He has given up the idea of benefiting man. He is a broken man. . . ." (TAT)

8. *Passive resistance.*

"Am I going too slowly?" (Classification Test*)

9. *Self-pity and fantasies of reliance on older persons.*

Subject: ". . .I think I've been busier feeling sorry for myself, I'm ashamed to say." Experimenter: "Why do you feel sorry for yourself?" Subject: "Well, that's always been one of my weak points—'well, look at poor me, I've always had such a hard life'—when of course I haven't." (Interview)

". . .he finds another job, another good job because now everybody is willing to help him." (TAT)

10. *Reaction formation: rejection of dependency.*

"I need some approval of others but I do not like to seek advice." (Interview)

(Hero hated father after being forced to kill his dog). . ."father wanted to send him away to college but the boy wouldn't go, said no. He was quite nice about it. He said that he believed that he had taken as much as he could from his father and his father had supported him long enough and he would go out to find his own way." (TAT)

11. *Being a "good boy."*

". . .the fact that people no longer acclaimed him as especially smart hurt his pride. He was, however, a model pupil behaviorally." (Autobiography)

12. *Objectivity about himself.*

"This is an autobiography written in the third person. The writer felt this was the best way to obtain the objectivity necessary in a paper of this sort." (Autobiography)

"I've always been a terrible artist. . .I don't have control over my hand. . . .I know I was infinitely stupid today." (Frustration Experiment[1])

13. *Submission.*

". . .he found out that one of his best friends had stolen something from him, and so he went up to the friend and asked that the stolen article be returned (and the friend denied it) and this fellow said, 'Well, all right then, we will forget it for the time being but if ever I miss anything again I'm going to see that you get what you deserve!'" (TAT)

---

where there is also a good deal of discussion of Grove, his sentiments and their origins (pp. 86–92; 167–169; 220–227; 277–279).

* An unpublished test of verbal conceptual thinking devised by Dr. Katharine McBride.

B. Avoidance and Escape

1. *Avoidance of competition.*

"He began to avoid the company of children who might draw him into any sort of physical contact. . . ." (Autobiography)
"I had been sick for the first hour exam and out of town for the second—I didn't go to the final, and didn't get credit." (Interview)

2. *Running away from rejection.*

"Running away was very ineffective. I was out for sympathy. My mother brought this on; I thought she didn't want me around. I rode away on my bicycle, slept in the park." (Interview)

3. *Refusal of responsibility.*

"The young man (was hypnotized, forced into a crime; he) was still completely unaware of everything that was happening and obeying everything the old man said. . . .Of course he didn't realize that he had done wrong because he was ready to come back. . . ." (TAT)

4. *Shyness and withdrawal.*

". . .at college, he refused to be gregarious and remained with the nucleus of friends whom he had met at the beginning of the year. His shyness around strangers increased and he would often go out of his way to avoid meeting new people." (Autobiography)
Experimenter: "How would you describe your usual reaction to failure?"
Subject: "Oh, general depression and withdrawal for awhile momentarily." (Interview)

5. *Reserve.*

The subject often desires to have others confide in him their secrets about personal and confidential matters, yet he is extremely cautious in confiding to others. (Autobiography, section written by roommate)

6. *Escape into fantasy.*

"I began going to a lot of movies and tried to escape that way." (Interview)
"In a lecture, I can usually pay attention the first ten or fifteen minutes and then my mind wanders and I have to look on the next fellow's notes. . . ." (Interview)

7. *Regressive fantasy of the return home.*

"In contrast to his desire for change and escape from home when he first came to college, he is now dissatisfied in a way and would almost prefer to be home."
"Even up to the present time the subject retains a childish desire to be with his mother whenever he is in trouble or has to make a decision." (Autobiography)

8. *Forgetting.*

. . .in Production 1., he "forgot" the bathroom and had to make it in an annex, and apologized: "The bathroom is pretty badly planned (laughs).

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. . .in Production 1., he "forgot" the bathroom and had to make it in an annex, and apologized: "The bathroom is pretty badly planned (laughs).

There is no way of getting into it without going outside." (Dramatic Production Test*)

C. Rejection and Aggression

1. *Rejection of people: overt, in fantasy, and generalized rejective sentiments.*

"He acquired a cool manner resembling snobbishness which he applied in his contacts with the people about him." (Autobiography)
". . .they have just had a violent quarrel and he's decided that he's going away and not coming back and that she can get a divorce from him if she wants. . . ." (TAT)

2. *Negativism.*

"He's against everything. He's always aiding small groups that are against the order of the day and against what everybody else is doing in general because he can never be satisfied with the world as it is. He always has a chip on his shoulder and a grudge to bear. . . ." (TAT)

3. *Verbal aggression: "bickering."*

"(The subject) has had a tendency to answer back. . .has sneered at his father. Developed quarrelling as a technique of getting things." (Interview)

4. *Fantasies of retaliation.*

". . .the old man at the top is about ready to choke the man underneath." (TAT)

5. *Resentment.*

(Boy who is forced to take violin lessons finds that) "the sounds that came out just were not music to him; so little by little he began to hate his music lessons. . . .practicing just became a bore and a burden. . . .He began to hate his teacher. He began to dislike his mother for making him take lessons." (TAT)

D. Rationalization and Intellectualization

1. *Verbal denial.*

Experimenter: "Would you say that your life is carried on efficiently, that you get things done?"
Subject: "Yes—there's absolutely no plan about it. I get things done." (Interview)

2. *Extrapunitiveness: blaming others.*

Experimenter: "Why did you give up the Dramatic Club?"
Subject: "They took their art too seriously." (Interview)

3. *Impunitiveness: blaming impersonal factors.*

(Yawns) "I was up all night, excuse me."
(Sentiments Examination,[4] pp. 60–61.)

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* A quotation from a report on Grove's productions in this test, written by Dr. Elizabeth Nottingham. For description of the test, see Murray[3] pp. 552–582.

4. *Rationalization.*

Experimenter: "Why did you turn and look at me when you got the shock?" Subject: "Well, you were the only one to look at." (Emotional Conditioning Experiment)

5. *Intellectualization.*

Asked if records were made; much interested, going to ask Dr. Murray for results of all tests if possible. . . .Again spoke of relief in knowing yourself, how it helped. (Conversation after an experiment)

6. *Search for information.*

(After five minutes of drawing moonfaces) Experimenter: "Now would you draw just one more, please?" Subject: "I can't finish that? Is speed involved? I'm supposed to do this for so long?" (Frustration Experiment)

E. Fantasies of the Ego Ideal, Recognition, Achievement, and Counteraction

1. *Ego ideal of achievement through kindliness.*

"He was a great daydreamer and often thought of himself as a Galahad riding off on a white horse or a kind doctor who helps all his patients. . . ." (TAT)

2. *Fantasied acclaim.*

"He has a strong but unexpressed desire, carried over from younger years, to act on the stage or radio." (Autobiography)

3. *Fantasies of achievement.*

(The hero) "gradually worked up until he owned. . .a corporation. . .so he was rather successful in spite of the fact that he didn't have his father's help." (TAT)

4. *Fantasies of restriving.*

". . .the farm isn't yielding anything any more, but still they keep on. . . their future is just nil. . . .but they'll try again, year after year." (TAT)

5. *Direct compensation.*

". . .the fact that people no longer acclaimed him as especially smart hurt his pride. He was, however, a model pupil behaviorally. Gradually his work became better and he led his class by the fourth grade." (Autobiography)

6. *Unadaptive counteractive effort.*

After failure, he made more than twice as many movements of the test material, with poorer results. (Frustration Experiment)

In a report of this compass, it is unfortunately not possible to put much flesh on these bare bones, nor to give enough context to show convincingly the threat to self-esteem to which these defenses are (in part) reactive. If it seems paradoxical to consider some of these reactions defensive, I can only say that in general Grove chooses what seems to him a lesser evil to avoid a real hurt. Passivity and abasement set the style for all of the de-

fenses. Avoidance and escape are like passivity in being refusals to meet the situation directly in its own terms. Counteraction is found principally in Grove's fantasy, which is itself the most passive kind of reaction, and prevalently serves as an escape from reality. His inner working over of situations includes the more logical processes of rationalization, frequently in terms of an intellectualized framework of justification. To the extent that Grove's reaction to a threat is out-going, it is either in fantasies of an aggressive sort, or in the most passive form of aggression: rejection.

All of his major defenses, then, are predicated on subjective restructurations of situations, rather than any overt or physical effort directed against danger to self-esteem. Thus we might tentatively say that at the highest level of integration, Grove's cardinal defensive trait is a passive retreat into an unreal world where matters are set aright.

About the limitations of the method, obviously, it can be no more comprehensive than the raw materials that are used. In the case of the subject studied here, the data cover only what was observed while Grove was in the Clinic and what he reported about himself in the autobiography and interview. It is true that projective tests and some dreams are included, but there are no free associations or similar materials. It would be interesting to apply the method to a transcription of some psychoanalytic interviews, though that was not possible in this case.

It may be in order to warn against one aspect of the method: its appearance of giving a quantitative measure of the importance or prominence of the various weapons in a person's defensive armory. The relative numbers of instances of different mechanisms can serve as only the roughest indication of their comparative importance in a person's psychic economy. For such quantities to take on meaning, it would be necessary to assume that the frequency with which a device was used for coping with threats was a valid indicator of its importance or was a matter of intrinsic interest. In addition, one would have to work with a comprehensive and representative sample of all areas of behavior—an almost impossible condition. The situation is also complicated by the fact that some defenses appear usually in fantasy though occasionally in overt action, and vice versa. (Grove had *many* hostile thoughts about his father, and only *once* struck him and knocked him down.) It might be fruitful in further applications of the method to treat real actions and those in fantasy or dream separately instead of lumping them, as was done here, and then compare the patterns obtained.

Though this kind of work is tedious and still contains much subjectivity, nevertheless it is reasonable to hope that patient application of some procedures such as have been described may be a fruitful way of harvesting

from the riches of clinical case data new insights into the mechanisms of such human behavior as the defense of self-esteem.

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THE HYPOTHALAMUS AND PSYCHOSOMATIC MEDICINE*

By HERBERT C. MODLIN, M.D.†

Neurophysiology has forged another link in the gradually lengthening chain of evidence supporting the psychosomatic (or holistic) view of disease. John Fulton writes, "I am inclined to regard the recognition of the frontal lobe as the primary autonomic centre of the forebrain as perhaps the most significant disclosure of recent years in the field of scientific medicine, for it affords at long last a sound physiological background to that still shadowy subject of 'psychosomatic medicine.' "[1]

Practical and theoretical studies related to frontal lobotomy, have focused attention on the relationship of the frontal lobes of the brain to the autonomic nervous system and the hypothalamus.[1-4] The hypothalamus is an important regulating and coordinating center for both divisions of the autonomic nervous system and for the endocrine glands,[5] and in lobotomy, connections are interrupted between it and the cerebral cortex. Consequently the psychosomatic theory derives increased substance from results of lobotomy as a therapeutic tool to alter such severe disturbances of the total organism as schizophrenia, obsessive-compulsive neurosis and intractable pain.

It is difficult to think of the complex total functioning of the organism without reference to the strategic role of the hypothalamus. Hans Selye[6] states, "The hypothalamic vegetative centers play a prominent role in the General Adaptation Syndrome as coordinators of homeostatic mechanisms; through them emotional stimuli or localized nerve impulses may influence many organs, thus causing systemic stress."

The hypothalamus of the human brain is a tiny area hidden away in a dark recess above the sella turcica and beneath the downwardmost projection of the third ventricle. It is one of the least accessible areas of the brain, anatomically and physiologically; and it is understandable that the scientists' investigation by-passed it for many decades.

One by one, however, explorations into vague and hitherto unexplained subcortical regions gradually took a subthalamic direction; and the mystery wrapped around this unobtrusive bit of cerebral anatomy began to unfold.

The scientific literature on the hypothalamus includes hundreds of articles in language ranging from pedantic to poetic.[5, 7, 8] Foster Kennedy descriptively states, "The regularity of the rhythm of breathing, the constancy of pulse rate, the exact maintenance of body temperature, the beautiful balance of the intake and output of fluid, the cycle of sleep, the in-

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tegrity of body weight, and the imposed periodicity of the menstrual cycle—all these ebbs and flows seem to be instrumented primarily through . . . the hypothalamus."[5]

These do not nearly exhaust the list of established, inferred and conjured functions of the small group of nerve cells. Some of the proposed and supposed actions of the hypothalamus are based on sufficiently sound laboratory experimentation, autopsy discovery, and clinical experience to be valuable for the practicing physician.

It is convenient to divide the hypothalamus into two physiological areas. The anterior region near the optic chiasm is the highest regulatory motor discharge area for the parasympathetic division of the autonomic nervous system. As such it is implicated in those vegetative functions predominant in the resting organism. Stimulation of this area predisposes the organism to a vagotonic state. The posterior area serves as orthosympathetic regulator and influences, when in ascendance, a sympathicotonic state.

The physiology of the hypothalamus, through its connections with the cerebral cortex, thalamus, medullary centers, and autonomic system, is complicated and extensive. Some of its functions have been clearly enough defined to merit discussion in relation to total organismic reaction, which is the concern of psychosomatic medicine.

Temperature regulation: Our knowledge of this function of the hypothalamus is on firm ground both experimentally and clinically. It has been satisfactorily demonstrated that animals with the entire cerebral cortex functionally removed, maintain a satisfactory temperature balance. But when the diencephalon is destroyed the animals assume room temperature. There are two centers for temperature control. In the anterior hypothalamus associated with the parasympathetic centers, is a nucleus which governs the heat losing mechanism. Posteriorly, in the orthosympathetic center, is the heat conserving area.

Sleep and waking: It is an axiom that we often know least about what we are most familiar with. Each of us subjectively experiences sleep daily; we have many opportunities to study it objectively; yet the physiology of sleep is one of the more controversial subjects in neurophysiology. That the hypothalamus plays a major role in sleep is generally affirmed by modern investigators. Laboratory and autopsy material has revealed many discrete hypothalamic lesions, chiefly in the mammillary bodies, which in the living organism caused hyper-somnolence. Writers sometimes improperly refer to the sleep center of the hypothalamus; it is a waking center. Damping of this area causes sleep; and stimulation causes waking.

Water balance: This most fundamental of body processes is controlled by other tissues besides those found in the hypothalamus, and should properly be described as a hypothalamico-pituitary function. However, discrete lesions of the diencephalon, as observed experimentally and clinically, regu-

larly produce water imbalance and diuresis. The most clearly demonstrable neural tract of the hypothalamus is the supra-optico-hypophysial tract leading through the pituitary stalk from the hypothalamus to the posterior lobe of the pituitary. A lesion at any point along the tract will unbalance the organism's fluid homeostasis.

Carbohydrate metabolism: In sugar utilization we must recognize, as in considering temperature regulation, the factors of both hypo- and hyperfunction. Here again our knowledge was confused for many years because of the anatomical proximity of the pituitary gland. Recently, however, evidence of exclusively involved hypothalamic physiology enables us safely to conclude that in lesions of the lateral hypothalamus, hypoglycemia results, and in lesions of the posterior hypothalamus, diabetes mellitus develops. It is probable that the lateral hypothalamic nuclei effect mobilization of the sympathetic-adrenalin system through influencing both the superior cervical ganglion and the diabetogenic hormone of the pituitary. The well known antagonistic action of insulin and adrenalin in glucose metabolism and mobilization has its neural counterpart in the anterior and posterior areas of the hypothalamus.

Fat metabolism: The chief advance in our knowledge of this function was gained when the respective roles of the hypothalamus and the hypophysis were defined. The eminent clinician Frohlich in one of the outstanding papers in medical history described the disease syndrome which bears his name. He attributed the pathological process entirely to the pituitary, but subsequent material has shown that adiposo-genital dystrophy is wholly a hypothalamic disease. Why pressure from a pituitary or other tumor on the floor of the third ventricle in the tuberal region of the hypothalamus should alter the deposition of fat is not clearly understood.

Gastrointestinal functioning: The chief contribution to understanding of hypothalamic implications in peptic ulcer came from the neurosurgeon, but many laboratory experiments with animals also have demonstrated that the hypothalamus has a direct and powerful effect on gastric motility, blood supply and secretion. Medical practitioners are familiar with the potency of the parasympathetic and orthosympathetic innervational balance in gastrointestinal functioning. The clinical significance of this balance is implicit in prescriptions of atropine or other autonomically influencing drugs for functional and organic gastric disturbances. Recent application of vagotomy as a treatment for peptic ulcer, has directed attention once again to the highest integrative center of the two opposing divisions of the autonomic nervous system, the hypothalamus.

Emotional balance: Long before the evolutionary development of a dominant cerebral cortex in mammals, primitive organisms were exhibiting crude emotions. The exquisite refinements of feeling and behavior which lie in the frontal lobes of man have their sub-cortical roots in the hypo-

thalamus and thalamus. Experiments on animals as well as studies of man have greatly supplemented our knowledge of hypothalamic aspects of emotion. Manipulation at neurosurgical operation, oobsrvation of post-operative reactions, and autopsy studies have all contributed information. As a center of autonomic balance and endocrine influence, it would indeed be strange if the hypothalamus did not affect the organismal mood.

"One gains the impression that, consistently with its primitive place in the evolution of the brain, the hypothalamus contains the mechanisms of the more primitive psyche and emotional reactions. It plays a part in conditioning moods of elation and depression, and their expression in laughing and weeping. It is concerned with reactions of defense, aggression, suspicion, fear, anger, sex" (Norman Dott[8]). An individual without inhibitive control by the cerebral cortex ignores refinements of decency and convention and reacts crudely. The emotional excesses of the post-encephalitic, the animalistic grossness of the paretic, the sexual offenses of the presenile, and the cyclothymic swings of the manic-depressive may be interpreted as manifestations of a hypothalamus released from cortical control. Neurosurgeons have been able to provoke typical maniacal attacks on the operating table by manipulation of diencephalic tumors, and suggestive basal lead EEG tracings have been obtained from studying psychotic conditions.

Detailed examination of decorticate animals, which, although deprived of the entire cerebral cortex, still display the basic emotions of fear and rage, has added further convincing proof of a relationship between the hypothalamus and mood and behavior.

For illustrative purposes I have artificially segregated certain hypothalamic functions and described them as if separate. Each of the seven functions mentioned and the twice seven omitted can not possibly be distinctly centered in the tiny area of the hypothalamus. They all overlap and integrate anatomically and physiologically. A generalized dysfunction of this area, since it involves such fundamental mechanisms, will necessarily profoundly alter the whole rhythm and pulse of the organism.

To those concerned with the total functioning of the psychobiological organism, *i.e.*, with the concept of psychosomatic medicine, the role of the hypothalamus is of the most immediate importance. The old dichotomous argument of the philosophers about mind and body had almost an Aristotelian authority in medicine until the 20th century. Adolph Meyers' theory of the psychobiological organism, Cannon's hypothesis of homeostasis, and Freud's idea of socio-biological integration have all contributed to the view that mind and/or body is not a valid concept; that there are not two *separate* functional entities of the human organism.

In the physiology of the hypothalamus is evidence concretely and convincingly supportive of the psychosomatic principle. Nowhere else in the body do the elements essential to the complete organism merge into so in-

tegrated a pattern as in the hypothalamus. Here is the only direct connection of the brain with the prime regulator of the entire endocrine system, the pituitary gland. Here is the only coordinating center in the body for those primeval and vital functions—temperature and fluid balance and sleep. Here is the seat of neural control for the fundamental mechanisms of fat metabolism, carbohydrate and inorganic ion metabolism. Here, finally is a well-spring of the more basic emotional life of the individual.

The hypothalamus has a significantly axial location in cerebral architecture. To it come influencing and regulating impulses from the cerebral cortex, which is the genetic source of intelligence and personality; from the thalamus, which is the key station for receptor contact with the environment; from the central acoustic and visual nuclei; from the basal ganglia; and from the medullary centers. Out from the hypothalamus radiate fiber tracts to the cortex, the thalamus, the tegmentum of the midbrain, the medulla, the spinal cord, and the pituitary gland. Therefore, its influence is widespread, involving most of the physiological levels of the organism.

Chronically in professional practice and thinking, psyche and soma are bipartite. It has not been easy for those medically reared on an exclusively organic diet to assimilate many current psychosomatic hypotheses. The role of chronic hostility in the production of hypertension, the place of anxiety in the genesis of peptic ulcer, the importance of repressed sexual energy in the causation of hypoglycemia have conduced conceptual indigestion in many doctors. If the integrative action of the hypothalamus and its extensive neural, autonomic and endocrine influences can once be swallowed comprehendingly, it may act as a specific against some of the intellectual anorexia and emotional dyspepsia frequently contracted after exposure to psychogenic concepts. It might then be hoped that improved psychological metabolism would promote growth within our profession to unprecedented statures.

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THE EFFECT OF BABY BOTTLE FEEDINGS ON A SCHIZOPHRENIC PATIENT*

Case Report†

By LEONARD J. DUHL, M.D.‡

This case is presented to show how a markedly regressed schizophrenic patient who had not responded to various treatment programs, improved when efforts were made to partially satisfy his regressed needs by means of bottle feedings.

The patient, who is 22 years old, first showed symptoms of mental illness in 1946 while on active duty with the United States Navy.

History

His birth was premature and terminated a pregnancy of six and a half months. His mother breast fed him until he was three years old, and he was enuretic until eight. From the age of five when his father died, his family consisted of his mother and two younger sisters. His mother rigidly controlled every detail of his behavior until he entered service, slapping, scolding, or nagging him for the slightest deviation from her prescribed rules. The patient was an average student at school. He had very few friends to play with save for his sisters and their friends. He was always considered a "good boy." He enlisted in the Navy at 17 with his mother's consent, and until the onset of his illness he apparently made a satisfactory adjustment, experiencing 22 months of active duty, during which he participated in two combat operations.

All that is known of the onset of his illness, in March 1946, is contained in a Navy medical report which states that while on duty on a destroyer in the South Pacific he was "smoking four to five packs of cigarettes daily, doing no work and often chuckling to himself." Upon hospitalization he was found to be dull with flattened affect; his speech was rambling, irrelevant, and disconnected, and he smiled and laughed inappropriately. He was transferred to the United States Public Health Hospital at Fort Worth, Texas, where he was given an unknown number of electroconvulsive treatments. Following this he was described as being "a little more alert."

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He was transferred to the Winter Veterans Administration Hospital in October 1946 with a diagnosis of schizophrenic reaction, hebephrenic type. During the subsequent three years in this hospital he was on a closed convalescent ward. Treatment consisted of establishing a warm understanding and accepting attitude on the part of the personnel who took care of him, and of trying to interest him in such hospital activities as occupational therapy, sports, and outings. In spite of these efforts, his condition followed a progressively downhill course and he became markedly apathetic and retarded, responding to simple orders only with considerable urging. He frequently lay under his bed curled up in a foetal position, smoking innumerable cigarettes and occasionally masturbating. Saliva drooled from his lips. His clothes quickly became dirty and his appearance slovenly. His conversation consisted mainly of "Bum a cigarette?" He ate like an infant, stuffing large amounts of food in his mouth with his hands.

In October 1949, in the routine evaluation of patients that occurs with change of ward doctors, this patient's history and status were thoroughly reviewed. In view of the fact that intensive efforts had resulted in little or no improvement, it was felt that the hospital had little to offer this patient, save custodial care. He could neither develop a relationship nor respond to the established milieu.

Treatment

Because he was constantly sucking, drinking, drooling, and smoking, it was conceived that any possible chance of developing a relationship would have to be approached operationally by satisfying the instinctual needs expressed by his smoking and sucking activites. Fromm-Reichmann[8] has stated, "In spite of the narcissistic retreat every schizophrenic has a notion of the unreality and loneliness of his substitute world, and longs for human contacts, but is afraid to admit it either to himself or to his therapists for fear of further frustration." Thus, in view of the possibility that a therapeutic relationship might be developed through satisfying some of his basic cravings, a program of baby bottle feedings was undertaken. It was tried not as a therapeutic panacea, but as an adjuvant to the previously unsuccessful milieu program.

At the end of November 1949, the patient was started on milk feedings three times daily, using an eight-ounce baby bottle and nipple. The feedings were in addition to his regular diet. The patient was brought to the doctor's office where he was handed the bottle by the doctor. Without comment he took the bottle, sat in his chair with his knees drawn up, held the bottle in both hands, and continually sucked with powerful use of all the muscles of his lips and jaws. His eyes were rolled up and closed. Later the feedings were given by the nurse or aides. He seemed to be in a com-

pletely dissociated state at times. Sometimes he put his hand under his trousers and masturbated. While he sucked on the nipple, the doctor (nurse or aide) talked to him quietly and sympathetically, suggesting that he take better care of himself, tie his shoe laces and comb his hair. He was given as much milk as he desired (sometimes as much as 24 ounces). When he had had enough he seemed to relax and become contented. Following the feeding, it was further suggested that he wash himself and keep his clothing neat, and otherwise improve his appearance. After the evening feeding he was usually drowsy and soon fell asleep.

In the weeks following the onset of bottle feedings, the patient showed improvement. A report by the nurse states: "The patient seems to enjoy the bottle. He is neater in his personal appearance. He ties his shoestrings and puts his shirt in his pants with little urging—when conscious of the nurse's presence he straightens his clothes spontaneously." Typical of his progress is a report from the corrective therapist: "The patient played ping pong and circle ball. The patient seems to be a little more aggressive and punches the punching bag with a great amount of speed. He enjoys riding the exercycle and experimenting with what makes it go. He has talked a little more lately." On the ward he showed a marked decrease in his smoking and masturbation. He occasionally spoke spontaneously and said, "Please," and "Thank you," when asking for cigarettes. He participated more actively in the ward's rhythm band.

After four weeks of this treatment, it was decided to discontinue the bottle feedings and substitute hourly feedings of food and candy. Pains were taken to maintain the staff's interest in him and in the feeding situation. He immediately returned, however, to his previous state. Feedings of whole bananas three times per day were attempted, but this effort also failed to arouse the patient from his apathetic state. When the bottle feeding was resumed three weeks after its discontinuance, the patient immediately returned to the point of improvement previously attained.

Two weeks following the resumption of feeding in February 1950, he began pulling the nipple off the bottle and drinking the milk. One day about two weeks later the patient wandered into the examiner's office and sat down in the chair beside the desk. As we talked he picked up a pencil and began to draw. His first picture seemed to represent the family constellation. When asked which one was himself, he pointed to the baby in the crib. His second picture was of three milk bottles with the written comment "thistty" (thirsty). I responded by getting him his milk in a baby bottle and handing it to him. He drank the milk through the nipple for a few moments and then, removing the nipple, drank the rest of the milk. He then spontaneously started to draw again. In the third drawing he drew various box-like structures with small figures on them. When asked what

each was he pointed out himself in the center, his mother lying on the cube and his father at the periphery. Wondering if he would answer in writing, I asked him a few questions. The verbal questions and the written responses follow:

D. You took the nipple off the bottle. Don't you like being a baby?
P. Don't you want to be a baby? A baby would fit my plans.
D. What would you like to do as a baby?
P. Put baby in milk bottle.
D. I don't understand.
P. Crawl back into mother.
D. Why don't you want to be a man?
P. Mark insane.
D. Would you like to be a man?
P. O. K. Yes, I would like being man.
D. I would like to help you be a man; would you like to try?
P. Wright (sic).
D. Would you rather drink your milk through a straw like a man?
P. Yes.

In response to the patient's request he was taken off the bottle feedings and given his milk with a straw and at the same time he was sent to Occupational Therapy shop with the other patients on the ward. There, for the first time, he began to participate in the work, engaging in drawing, braiding, belt making, and printing press operation which he did with surprising ease. Though his progress on the ward did not go beyond the level he had previously reached, it was felt, both by the staff and by his mother, that there was significant improvement. This continued for several months, with sustained interest and activity on the part of the patient.

Meanwhile, the Social Service Department felt that the mother, who had been seen by the social worker for some time, was capable of handling the patient at home. She had become warmer toward and more understanding of the patient, perhaps because of her realization that the patient was the only one of her children left to her. The patient went on a leave of absence in the custody of his mother in May 1950. While he was at home, his mother was instructed to continue his milk feedings, to be accepting and not to punish him in any way, and to continue and possibly extend his other activities. He stayed with his mother at his sister's home in rural Oklahoma and continued to maintain his progress, working with such occupational therapy tools as the mother had at her disposal. He played with his nephews, fed the chickens, took care of the dog, rode a bicycle, fished, went to the movies and talked and walked with his mother.

On return to the hospital, for no other reason than that he stated he wished to return, the patient was found to be in excellent condition. In

view of the success of the trial visit to his mother, more visits are being planned for him.

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BOOK REVIEW

A Guide to Psychiatric Books with a Suggested Basic Reading List. By KARL MENNINGER, M.D. with the collaboration of GEORGE DEVEREUX, Ph.D. The Menninger Clinic Monograph Series, No. 7. Price $3.50. Pp. 148. New York, Grune & Stratton, 1950.

Indispensable is the word to describe this guide to psychiatric reading and literature. The goal was a "systematic . . . comprehensive reading list (with an) attempt to be broadminded (and) to contribute to the broadening of the psychiatrist's range of comprehension." The authors have eminently succeeded. It required courage and judgment to make selections and rejections without being presumptuous. The book is evidence of the characteristic courage of the senior author, in attempting such an undertaking when others would have hesitated. It is an important contribution and fulfills a great need. It is a tribute to a psychiatric foundation which sees its educational and social responsibilities in addition to the treatment of patients.

Where should it be of *use*? It should be in general libraries in communities and cities for intelligent laymen to consult, not only for an orientation in psychiatric reading but also in anthropology, sociology, psychology, religion, family and sex. College and university libraries should have it available, as should also schools of education and normal schools. It should be in medical school libraries in the psychiatric section. Pre-eminently it will find greatest use in the psychiatric services of general hospitals and in mental hospitals. Divinity, law, and schools of technology and industry should make it available. It should find great usefulness in the libraries of elementary and high schools. This guide can perform a real function in public education and mental hygiene.

What people specifically will find it helpful? Psychiatrists, students, interns, residents and professors. Psychologists and social workers, physicians of vision, interested in psychosomatics and the social responsibilities of medicine. Divinity students and clergymen. Probation officers, workers associated with the courts and problems of delinquency. Judges and lawyers. Sociologists and anthropologists, teachers, personnel counsellors, industrial managers. Atomic scientists. It should be in the hands of all deans of medical schools.

This guide is so well done that its contribution overshadows minor and personal criticisms or suggestions. To orient the student historically one regrets no reference to Dubois and Dejerine. In future editions it would be hoped that references could be made to certain classic papers,* *e.g.*, Strecker's early contribution on Recoverable Dementia Praecox Reactions, or Mapother's discussion of Manic Depressive Psychosis (1926). Adolf Meyer's *name* is absent from the index, although his work is represented

* No attempt was made to list the many excellent articles on psychiatry in this edition of the *Guide to Psychiatric Books.* The selection was limited to books. Those authors represented by short contributions within books were not cited separately in the index because the bibliography would have been out of date before the index was satisfactorily completed.

in the list by Lief's *The Commonsense Psychiatry of Dr. Adolf Meyer* which contains a number of addresses and papers by Dr. Meyer. A cross reference should be made to Lief's book, as well perhaps as to Meyer's article in Bentley and Coudry's *The Problem of Mental Disorder*, which unquestionably should be included for its broad orientation. Adolf Meyer's A Review of Recent Problems of Psychiatry, in Church and Peterson's *Nervous and Mental Diseases* (1905), represents a useful historical orientation for the student of psychiatry.

Double listing would be helpful, *e.g.*, Landis and Page's *Modern Society and Mental Disease* and Deutsch's *Mentally Ill* and *The Shame of the States* should also be listed under the section on Community. Whitehead's *Science and the Modern World* could be noted also under the Philosophy of Science Section. Reference to William James' *The Powers and Limitations of Science* and Sullivan's *Limitations of Science* might well have been included in this section. Cross references or general reference from the section on Marriage and the Family to those on The Child and Sexual Adjustment would be helpful to the non-oriented reader. A statement such as, Consult also pages 49ff and 81ff, would be convenient. Under Marriage and the Family such books as Bossard's *Sociology of Child Development*, Duvall's *When You Marry*, Zimmerman's *The Family of Tomorrow*, Waller's *War and the Family*, Bergler's *Unhappy Marriage and Divorce*, Mead's *Male and Female*, Strain's *Love at the Threshold*, Butterfield's *Marriage and Sexual Harmony*, Hirsch's *Power to Love*, and Stone's *Marriage Manual*, might have been included.

A separate section on important statistics in mental illness would have been valuable. A section on Personality Development would be helpful, perhaps following Personology. References for such reading, which are most important for the student and difficult to find, might have included amongst others, references to: the section in Weiss and English's *Psychosomatic Medicine*, Pearson and English's *Emotional Problems of Living*, Alexander's *World of Unreason*, Benedek's *Insight and Personality Adjustment*, Richmond's *Personality, Its Development and Hygiene*, and Sullivan's *Conceptions of Modern Psychiatry*. Malamud's *General Psychopathology* might well be mentioned in the section on Psychopathology in a future edition.

The contribution of this little book, however, is so comprehensive and excellent that it dwarfs any limitations it possesses. It is to be hoped that it will be re-issued every five years for the benefit of all psychiatrists.

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BOOK NOTICES

Conceptions of Modern Psychiatry. By HARRY STACK SULLIVAN. Price $2.00. Pp. 147. Washington, William Alanson White Foundation, 1947.

In addition to the author's "theory" of personality and personality development, there is a critical discussion of the theory by Patrick Mullahy in this book. Mullahy's chapter is in many ways a clarification of Dr. Sullivan's concepts and theories. The author borrows no terms from Freud, he uses his own. But his concepts, although presented differently, are frequently identical with those of psychoanalytic theory. (Alfredo Namnum, M.D.)

Die Psychotherapie in der Praxis. By VIKTOR E. FRANKL. Pp. 231. Vienna, Franz Deuticke, 1947.

The author represents outstandingly the new European trend of psychiatry based upon recent European philosophical thinking, particularly Existentialism. This trend gives to human responsibility and the higher, the "spiritual" values, an important place as determining factors in human existence. Consequently, psychotherapy of this kind contains a certain amount of philosophical, non-relativistic discussions of values, and at times borders on what we would regard the domain of the clergy. I have the feeling that the new developments in European psychiatry, of which this book is witness, are well worth the attention of American workers in this field. (Paul Bergman, Ph.D.)

Fatigue and Impairment in Man. By S. HOWARD BARTLEY; ELOISE CHUTE. Price $5.50. Pp. 429. New York and London, McGraw-Hill Book Co., Inc., 1947.

Among the most elusive and ill-defined concepts in psychological thinking is that of fatigue. Traditional views have been narrowly physiological but, as the authors show, the puzzling discrepancies so often found between a person's feeling of efficiency and his actual performance seriously embarrass these "single level" approaches. After presenting a detailed review and critique of experiments and theories in this area, the authors in a bold stroke link the fatigue concept to personality theory. Their psychological conception views fatigue as an aversion reaction by the "whole organism," serving as an "adaptive solution" in the presence of conflict. Subjective experiences in fatigue states are given more weight than in previous, behavioristically biased accounts. Apart from the stimulus to research which this novel approach to an old problem should provide, the exhaustive survey of the field will stand by itself as a contribution to the literature on adaptation to stress. (George S. Klein, Ph.D.)

Diagrams of the Unconscious. By WERNER WOLFF. Price. $8.00. Pp. 423. New York, Grune & Stratton, Inc., 1948.

This book on graphology includes some careful experimental and statistical work, conclusions based on samples of handwriting that may be representative samples, and finally, intuitive interpretations of individual handwritings. The experimental part makes the reader feel he is on safe scientific ground. The transition to the bolder methods of the later parts

is so gradual that many readers may follow there with the trust engendered by the careful beginning. The author, no doubt, is brilliant, industrious and a good story teller. The spirit of this book seems at times to be a mixture of real inspiration, self-confidence and impatient ambition. (Paul Bergman, Ph.D.)

The Psychoanalytic Reader, Vol. I. By ROBERT FLIESS, M.D. Price $7.50. Pp. 392. New York, International Universities Press, 1948.

Doctor Fliess' very excellent selection of essential papers in classical psychoanalytic literature makes one look forward to future volumes. Some of these papers were not available in English literature and others are out of print. It is useful and important, from the point of view of training and research, that Doctor Fliess does not include authors who have given up the fundamentals of psychoanalysis. (Rudolf Ekstein, Ph.D.)

Papers on Psychoanalysis, 5th ed. By ERNEST JONES. Price $8.50. Pp. 504. Baltimore, Williams & Wilkins Co., 1948.

With the omission of fourteen of the earlier papers, regrettably including a number of interesting clinical reports, and the addition of nine recent papers, three of which are provocative (The Genesis of the Superego, The Concept of a Normal Mind, and The Criteria of Success in Treatment), this edition presents Jones' early papers interpreting Freud's works to the Anglo-Saxon world, his own contributions to the theory of the development of early female sexuality, and his lifelong interest in bringing psychoanalytic understanding to bear on problems of medicine and in interpreting these insights to non-medical circles. Unfortunately the table of contents is not organized topically as in the previous edition. (M. Lozoff, M.D.)

Personal Character and Cultural Milieu. DOUGLAS G. HARING, compiler. Pp. 670. Syracuse, Syracuse University Press, 1948.

That "culture and personality" studies have recently become a major focus of interest for anthropologists is abundantly demonstrated in this collection of readings. Seven articles describe how anthropologists go about their investigations; thirty articles present the conclusions that they (plus a few analysts in this field) have reached through studies of American Indians, modern nationalism, the Japanese, the process of growing up, and other topics. Most authors attempt to discern and account for the "basic personality structure" within a particular society, and pay special attention to the early training given to children. (Louisa P. Holt, Ph.D.)

The Individual and Venereal Disease. By MARGARET K. LUMPKIN. Pp. 71. New Haven, Yale University, 1948.

The author assembled and analyzed twenty-six available studies in the literature which had to do with the sociological and psychological factors present in people who acquire venereal disease. It is an attempt to determine who are the people who acquire venereal diseases and what they are like. (Murray Bowen, M.D.)

The Lost Art of Profanity. By BURGESS JOHNSON. Price $2.50. Pp. 223. New York, Bobbs-Merrill, 1948.

The use of magic words to condemn, to asserverate, or to emphasize

has an ancient history and has undergone—is still undergoing—curious changes. Words now profane were once in good standing and vice versa. Too extreme a dependence on certain words has always been a tempting sin. Reverend Jonathan Swift suggested that swearing might have a therapeutic value since it vented spleen which might otherwise be harmful to the human system! He suggested that the state taxes might be raised by assessing each oath. Pope Pius IV approved a movement started by a Dominican priest to curb profanity among the clergy out of which, says this author, developed the Holy Name Society which still flourishes. The church of England similarly crusaded to dissuade the clergy from swearing. In fact, Thomas Jefferson gave the profanity of the clergy as one of his reasons for being anti-religious.

Of such interesting psychological, literary, and historical items is this book composed. (K. A. M.)

Bristow Rogers: American Negro. ELSE P. HILLPERN, EDMUND P. HILLPERN and IRVING A. SPAULDING. Price $3.00. New York, Hermitage, 1949.

The authors have published verbatim the written material of a subject's self-analysis together with some information taken from his regular interviews. Comments and interpretations by the authors are interspersed, and the appendix consists of a cross reference synopsis of dream analyses. No record is given of what the analyst said to the patient which is generally considered to be an integral part of a psychoanalytic experience. (Albert Owers, M.D.)

The Search for the Beloved. By NANDOR FODOR. Price $5.00. Pp. 400. New York, Hermitage, 1949.

To prove the hypothesis that the prenatal and birth experiences are primary factors in psychic development and malfunction, the author cites evidence that these earliest experiences are reflected in later aspects of personality and implies the necessity for further investigation. When he uses as proof of this theory, upon which his therapeutic technique is based, the custom-designed dreams of some of his patients or their enthusiasm for his theories, then he only weakens his argument and makes one dubious of the other evidence and its interpretations. (Maimon Leavitt, M.D.)

The Salt-Free Diet Cook Book. By EMIL G. CONASON, M.D. and ELLA METZ. Price $3.00. Pp. 144. New York, Lear, 1949.

Along with a prescription for a salt-free diet should go news of this collection of menus and recipes. It is designed to make the usually tasteless fare required by such a diet more palatable. (Mary Douglas Lee)

Mythology of the Soul. By H. G. BAYNES. Price $12.50. Pp. 939. London, Methuen & Co., 1949.

This beautifully written study in depth psychology is the partial record of a Jungian analysis of two borderline schizophrenics (both of whom developed frank psychoses during treatment with recovery). Presented as an elaborate analysis of dreams and drawings, and couched in the language of racial memory, myth, and complex, the book is of special methodologic interest of followers of Freud since it demonstrates how a differing theory

operates on conventional clinical material to produce meaningful and provocative results. Although marred by the plethora of interpretive details, the book is a valuable contribution to the understanding and treatment of borderline schizophrenia. (J. Noshpitz, M.D.)

The Psychology of Exceptional Children. By KARL C. GARRISON. Price $4.50. Pp. 517. New York, The Ronald Press Co., 1949. Rev. ed.

The term exceptional children includes not only those who are gifted but those "who deviate from the normal child physically, mentally, emotionally, or socially to such extent that specialized services are essential to provide an adequate educational program." The author discusses the needs of the exceptional child from the psychobiological point of view. The sections on the various types of organic handicaps present in interesting detail the educational needs of these children, but the section on the neurotic child is superficial. Although lacking psychoanalytic orientation, this book should be valuable to teachers who have to educate the exceptional child. (S. A. Haber, M.D.)

Problems of Infancy and Childhood. MILTON J. E. SENN, ed. Price $1.25. Pp. 156. New York, Josiah Macy Jr. Foundation, 1949.

The Macy Foundation is trying to help meet the need for "combined operations" in medical research by bringing small groups of investigators from related fields together for discussions. This monograph is a report of a conference on problems of infancy and childhood. Formal papers were presented by Sibylle Escalona on the psychological situation of mother and child on return from the hospital, and by Lucie Jessner and Samuel Kaplan on emotional reactions of children to tonsillectomy and adenoidectomy. Discussion brought out suggestions for meeting these problems and recommendations for further research. (Grace M. Heider)

Mongolism. By M. ENGLER, M.D. Price $4.50. Pp. 193. Baltimore, Williams & Wilkins Co., 1949.

A compact and concise summary of available facts on a familiar disorder which all too often remains unrecognized because of lack of familiarity with just such data as are well organized in this monograph. It is excellently illustrated and well documented from extensive experience on the part of the author. The chapter regarding etiology is of paramount interest in this book. (J. A. Segerson, M.D.)

Families Under Stress. By REUBEN HILL. Price $4.50. Pp. 443. New York, Harper & Bros., 1949.

This sociological study evaluates critera of adjustment to crises of war separation and reunion in 135 Iowa families. No correlation was found of early childhood factors with success of family adjustment to crises. For professional people working with families, suggestions are made about the need of: public education for family life, regional research institutes, family life planning on local and national scales. (Catherine V. Metcalfe)

Combat Psychiatry. Colonel FREDERICK R. HANSON, ed. The Bulletin of the U. S. Army Medical Department, Vol. 9, Supplement. Washington, U. S. Govt. Printing Office, 1949.

More than a dozen psychiatrists report here on their experience with the

reactions of soldiers to the stress of combat, especially in the ground forces of the North African theater of World War II. Descriptions, dynamic interpretations, administrative analyses, and statistical charts are offered, all of them competent and extremely well done. This is some of our best material on the phenomena of cataclysmic maladjustment. (K. A. M.)

Personality in Peptic Ulcer. By ALBERT J. SULLIVAN, M.D. and THOMAS E. MCKELL, M.D. Price $3.00. Pp. 100. Springfield, Ill., Charles C. Thomas, 1950.

This book is enthusiastically written, cleverly illustrated and makes enjoyable reading. It summarizes the factors which the authors believe go into the development of peptic ulcers: constitutional, personality, acute situational and traumatic. It is the sum of such factors, rather than the presence of any one as an essential cause, that leads to ulcer production. The use of the Adlerian concept of instinctual striving toward success, without stating what "success," on the level of instincts might mean, mars some of the authors' thinking. Approval for the ulcer patient's versatility and drive, perhaps justified socially, limits the authors' ability to grasp the self-destructive motivations of their patients. (R. L. Sutherland, M.D.)

The Psychologist in Industry. By M. E. STEINER. Price $2.00. Pp. 107. Springfield, Ill., Charles C. Thomas, 1949.

This monograph is an itemized catalogue of the tools, concerns and trappings of some industrial psychologists. It is so exceedingly short on discussion and interpretation that it is difficult to see what useful purpose the book can serve. (B. Steinzor, Ph.D.)

Readings in Philosophical Analysis. By HERBERT FEIGL and WILFRID SELLARS. Price $5.00. Pp. 626. New York, Appleton-Century-Crofts, 1949.

The papers selected represent modern philosophical thinking influenced by the school of Logical Positivism: the clarification of methodological and other fundamental scientific issues is a necessary aspect of all science; the more undeveloped social sciences such as psychology and psychiatry have neglected this field. The psychological and psychiatric worker will find in this volume many papers (particularly the ones by Feigl, Hempel, Lewis, Schlick, Waisman) which are of relevance to his own field. (Rudolf Ekstein, Ph.D.)

Social Work in a Revolutionary Age. By KENNETH L. M. PRAY. Price $4.00. Pp. 308. Philadelphia, University of Pennsylvania Press, 1949.

These papers were selected from the writings of the late Dean of the Pennsylvania School of Social Work, as most representative of his contribution to the field. The rich wisdom of a mature understanding stemming from a lifetime spent in social work is here generously shared with the reader. Particular subjects include statements of the philosophy underlying social work practice, public welfare, and penology. Administrators, teachers, and social workers will enjoy this book. (Richard E. Benson)

A Dynamic Approach to Illness. By FRANCES UPHAM. Price $3.00. Pp. 200. New York, Family Service Assn., 1949.

This volume represents a comprehensive bringing-together of medical social work from its specific aspects to its broad responsibilities in community, state, and national health. It contains material that should be incorporated into the basic knowledge of every social worker and provides excellent teaching and interpretive material. The material is alive with the simplicity of good social casework. Extensive bibliographies permit further study in areas of the reader's interests. (Carolyn Torrie)

Children in Conflict. By MADELEINE L. RAMBERT. Price $3.25. Pp. 214. New York, International Universities Press, 1949.

A must for all child psychotherapists. Mlle. Rambert, as few child analysts have done, describes in vivid detail the techniques she employs in her work. Of particular merit are the many case illustrations which clearly reflect the author's skill as a therapist, her courage and her warmth for both children and parents. Contrary to one of the author's aims, the book seems eminently unsuitable for the enlightenment of teachers and parents, especially the latter. (Mary Leitch, M.D.)

Social Group Work Practice. By GERTRUDE WILSON and GLADYS RYLAND. Price $5.00. Pp. 687. Boston, Houghton Mifflin Co., 1949.

Each part of this book could easily have been a text in itself, usable to the student and teacher, as a resource by the practitioner, and as a guide for all who work with groups whatever their capacity. In the bibliography, literally hundreds of articles and books are listed as resource material for everything from the history and philosophy of social work, through understanding of human behavior and the teaching of crafts, to the administration of social agencies. (Josephine Harris)

The Sexual Criminal. By PAUL DE RIVER. Price $5.50. Pp. 281. Springfield, Charles C. Thomas, 1949.

It is true that as far as the sexual psychopath is concerned important forensic and psychiatric problems abound. This book offers no new suggestions as to management, no contribution as to etiology, and regrettably, while several of the patients mentioned were placed on probation by the court on the condition that they place themselves under psychiatric care, there is no follow-up and we learn nothing of the results of this management. There is a useful chapter on The Medico-Legal Witness. The contribution of the volume is principally in up-to-date case material after the manner of Krafft-Ebbing. (John R. Adams, M.D.)

Progress in Neurology and Psychiatry, Vol. IV. By E. A. SPIEGEL. Price $10.00. Pp. 592. New York, Grune & Stratton, 1949.

The fourth in a series of annual reviews of important contributions to the literature of nervous and mental disorders with terse summaries by noted contributors in the basic sciences, neurology, neurosurgery and psychiatry. A most serviceable addition to the series. (John A. Segerson, M.D.)

The Problem Drinker. By JOSEPH HIRSH. Price $3.00. Pp. 211. New York, Duell Sloan and Pearce, 1949.

The author attempts primarily to educate the public by separating facts

from fiction about alcoholism and its associated problems. Secondarily he tries to stimulate an awareness of the immensity of the problem and to create a sense of public responsibility for the need of improvement. Most valuable is a survey of recent progressive legislation enacted by several states in an effort to more effectively cope with a long neglected, poorly understood condition, and a chapter dealing with Alcoholics Anonymous. (H. E. Sprang, M.D.)

The Yearbook of Psychoanalysis, Vol. IV. SANDOR LORAND, ed. Price $7.50. Pp. 356. New York, International Universities Press, 1949.

These twenty-one papers, reprinted from eleven different publications, are about evenly divided between "pure" and "applied" psychoanalysis. It would increase the usefulness of the *Yearbook* if it contained an introductory statement explaining the choice of material; why certain works are omitted; and in general the way in which the book is meant to represent the important psychoanalytic developments during the year concerned. (Albert Owers, M.D.)

Pavlov. By B. P. BABKIN. Price $6.00. Pp. 364. Chicago, The University of Chicago Press, 1949.

Not only is this a biography of Pavlov, it also contains three sections on various phases of his work. The section dealing with Conditioned Reflexes is a more or less classical exposition of Pavlov's work in this field with little or no analysis. The biographical part, despite the lack of psychological sensitivity, sheds some interesting light on Pavlov's personality. The author's style is that of a pedagogue rather than an author, and thus, the book is one which will satisfy an already developed interest in Pavlov but which in all probability will not develop further curiosity about him. (Richard S. Siegal)

Introduction to the Szondi Test. By SUSAN DERI. Price $5. Pp. 354. New York, Grune & Stratton, 1949.

Professor Szondi in a foreword commends this exposition of his "drive system." It is the first and, to date, only authoritative English publication on the administration, scoring, and diagnostic interpretation of the Szondi test.

Deri disassociates her presentation from Szondi's basic assumption of genetic transmission of psychopathological traits, offering empirical proof of the independent diagnostic usefulness of his test. Her rationale is a melange of Szondi's ideas, Freudian and derivative psychoanalytic theory, Gestalt psychology, and *ad hoc* concepts. There is much intuitive material of interest to clinicians. But those who look for validational data will see only large claims and little evidence. (Walter Kass)

Our Rejected Children. By ALBERT DEUTSCH. Price $3. Pp. 292. Boston, Little, Brown & Company, 1950.

Our most consistent contemporary social conscience disturber here turns his attention to the neglect and maltreatment by society of children in trouble. He has visited reform schools and jails all over the country and reported what he has seen and heard. He carefully refrains from exaggerating, because it is not necessary; the facts are eloquent enough. One

finishes the book with the feeling that the author has had to look closely to find a few bright spots, and has had to shut his eyes to the cruelty and stupidity and economic waste which characterizes schools or institutions in states which he did not visit. This is not pleasant reading, but it is imperative reading. (K. A. M.)

Personnel Selection in the British Forces. By PHILIP E. VERNON AND JOHN B. PARRY. Price $4.50. Pp. 324. London, University of London Press, 1950.

The authors have done a yeoman's service in summarizing the personnel procedures and the results of hundreds of researches in the British armed services during World War II. It is written in non-technical language but will probably be of interest mainly to professionals concerned with problems of selection. Deserving of special attention and of being read first, is the final chapter giving the main conclusions on such topics as the value of classification methods, and unreliability of unsystematic interviews in selection. Since an adequate followup was obtained for their test procedures, the British psychologists were able to develop methods of known validity for selecting many occupational groups. (Lester Luborsky, Ph.D.)

Women in Marital Conflict. By FLORENCE HOLLIS. Price $3.50. Pp. 236. New York, Family Service Assn. of America, 1949.

Dr. Hollis has written an excellent book for the practicing caseworker, doctor, lawyer, minister or other persons engaged in the field of marriage counseling. It is significant that she has selected the problem of women in marital conflict because of the rather confused role which women in our culture seem to be confronted with fulfilling and because of the lack of realistic approach to this entire problem of women in our culture. Of particular interest to professional people will be the excellent critical discussion on treatment practices. The bibliography will interest a wider audience because not only casework references are given, but references from the entire field of counseling, casework and psychotherapy not ordinarily found in many specialized approaches to this entire problem area. (Robert G. Foster, Ph.D.)

The Demon Lover. By ARTHUR WORMHOUDT. Price $3.50. Pp. 150. New York, Exposition Press, 1949.

This is another in the growing number of recently published books attempting to apply principles of psychoanalytical psychiatry to classical literature. This particular work is a study of some of the works of five Romantic poets: Coleridge, Wordsworth, Keats, Shelley, and Byron.

Psychoanalytic interpretations (of a sort) of the material of the poems is correlated to some extent with biographical details from the authors' lives. Freud and Edmund Bergler are quoted extensively. The result of the attempt is interesting, but not convincing. Many readers will feel that the symbolic interpretations are unjustifiably arbitrary and strained. (Bernard H. Hall, M.D.)

New Discoveries in Medicine. Their Effect on the Public Health. Bampton Lectures in America, No. 2. By PAUL R. HAWLEY. Price $2.50. Pp. 134. New York, Columbia University Press, 1950.

The versatility of General Hawley who directed the medical services of the Army in the European Theater and reorganized the Veterans Administration's Medical Department in a history-making way is indicated by his able, clear, interesting presentation of these lectures. He chose hematology, heart and lung surgery, mental illness and medical economics as his topics. Each of them is very well dealt with. The discussion of the prepayment principle should be read by every physician in the land, and by every congressman.

The author has a charming style illustrated by this sentence in the preface. "I know of no more worrisome task than that of selecting a few choice items from a large assortment of attractive offerings, whether this be at the dinner table, a gift shop, or the race track." (K. A. M.)

Hypno-Therapy of War Neuroses. By JOHN G. WATKINS. Price $5. Pp. 384. New York, Ronald Press, 1949.

This book has been written with a good sense of drama and timing, reminiscent of the early work of deKruif. The first part of the book presents a theoretical formulation of neurosis and treatment, written in forceful, direct style, which is over-simplified, but adequate for those with minimal knowledge of dynamic psychiatry. This section could be read and understood by patients in cases where it is felt such knowledge can be helpful. There is a rather complete section on the technique of hypnosis which offers many suggestions for its use in therapy. A variety of case studies occupy the major portion of the text. Doctor Watkins uses a variety of projective techniques and explanations of "dynamics," the accuracy of which can be questioned, to facilitate his treatment. Recommended reading. (Peter D. Fleming, M.D.)

Widening Horizons in Medical Education: A Study of the Teaching of Social and Environmental Factors in Medicine. A Report of the Joint Committee of the Association of American Medical Colleges and the American Association of Medical Social Workers. Co-Chairmen, Jean A. Curran, and Eleanor Cockerill. Price $2.75. Pp. 228. New York, Commonwealth Fund, 1948.

This book is an elaboration of what is expressed in its title and is essentially a detailed report of findings. The teaching of social and environmental factors in medicine was extensively studied in the case of 13 medical schools and superficially in 61 other schools. Recommendations are made for the improvement and extension of teaching in this important phase of medical education. The book is a good source of ideas for teachers who are already interested but will not inspire those who are indifferent. (C. O. Furniss, M.D.)